

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/594837

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1	1			
3		2				
4	1					
5	1					
6						
7						
8	1					
9						
10						
11						
12						
13						
14						
15						
16						
17	1					
18		1				
19	2					
20		1				
21		1				
22	1		1			
23						
24						
25						
26	3					
27	3					
28	1	3				
29		1				
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48						
49						
50						
TOTAL IND.			4			
TOTAL DEP.			16			
TOTAL CLAIMS			20			

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						